

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
ISOLATION HOSPITAL

Do not use this space.

27862

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No.)

Registration District No. 799
Primary Registration District No. 10

File No.

Registered No. 6902

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edwin Stearns</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 35 - 1874</u>		
7. AGE <u>29</u>	YEARS <u>11</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-wife</u>		11. Total time (years) spent in this occupation <u>131</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis</u>		
13. NAME <u>Lewis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Mark</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis</u>		
17. INFORMANT <u>M. Fortag</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>zions</u>		
19. UNDERTAKER <u>W. Leidner and Co.</u>		
20. FILED <u>UG 10 1933</u>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 9</u> , 19 <u>33</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 4</u> , 19 <u>33</u> <u>Aug 9</u> , 19 <u>33</u> I last saw him alive on <u>Aug 9</u> , 19 <u>33</u> . Death is said to have occurred on the date stated above, at <u>3:15</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Erysipelas, Facial</u> Date of onset <u>7-28</u> Other contributory causes of importance: <u>Chronic Nephritis</u> Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>None</u> Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>None</u> Nature of injury <u>None</u> 24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>None</u> (Signed) <u>John Schenck</u> (Address) <u>ISOLATION HOSPITAL</u>

10-18-68

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